

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09667010</div>	FILING DATE 					
							APPLICANT(S)						
							<div style="font-size: 1.2em; font-family: cursive;">6136</div> CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
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36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	1		1		2		TOTAL IND.						
TOTAL DEP.	10		8		9		TOTAL DEP.						
TOTAL CLAIMS	11		9		11		TOTAL CLAIMS						